



AAA Life Insurance Company
17900 N. Laurel Park Drive
Livonia, MI 48152
Call Toll-Free: **1-800-624-1662**
www.aalife.com

October 29, 2019

FLORA TARCILA E APELO
17073 Creekside Cir
Morgan Hill, CA 95037-4620

Re: Policy#: 4041148901
Owner: FLORA TARCILA E APELO
Insured: FLORA TARCILA E APELO

Dear FLORA TARCILA E APELO,

Thank you for purchasing life insurance from AAA Life Insurance Company. This may be one of the most important financial decisions you will ever make.

We are pleased to inform you that your new \$500,000.00 20 Year Term Life Insurance policy has been approved and is enclosed. Be sure to keep your new policy in a safe place for reference.

Questions?

Review your new life insurance policy carefully. If you have any questions or need to make corrections to your policy, contact your agent or one of our customer service representatives at 1-800-624-1662. They are available to assist you Monday thru Friday from 8:30 a.m. until 8:00 p.m. (EST).

Thank you for giving AAA Life Insurance Company the opportunity to fulfill your insurance needs. We appreciate your business and know that you will be extremely satisfied with the service we provide to our customers.

Sincerely,

A handwritten signature in black ink, appearing to read 'John W. DuBose, III', with a large, stylized initial 'J'.

John W. DuBose, III
President & CEO
AAA Life Insurance Company

ALAN-16135-86-XX

Life Insurance Buyer's Guide

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers. This guide does not endorse any company or policy. Reprinted by AAA Life Insurance Company, Livonia, MI.

Important Things to Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or a company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period—even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly pre-mium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your

premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

FACTS

WHAT DOES AAA LIFE INSURANCE COMPANY DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- Medical information and transaction history
- Purchase history and credit-based insurance scores

How?

All financial companies need to share customer personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer personal information; the reasons AAA Life Insurance Company chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does AAA Life Insurance Company share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	Yes
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	Yes	No
For nonaffiliates to market to you	Yes	Yes

To limit our sharing

- Mail the form below

Please note: If you are a *new* customer, we can begin sharing your information 45 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.

Questions?

Call 1-800-624-1662

Mail-in Form

Mark any/all you want to limit:

☐ Do not share my personal information with nonaffiliates to market their products and services to me

☐ Do not share my personal information with other financial institutions to jointly market to me

Name

Address

City, State, Zip

Policy Number(s)

Mail to: AAA Life Insurance Company – Privacy • 17900 N. Laurel Park Drive • Livonia, Michigan 48152

Who we are

Who is providing this notice?	AAA Life Insurance Company, Auto Club Life Insurance Company, and their agents (“AAA Life”).
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What we do

How does AAA Life Insurance Company protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We have implemented high standards to safeguard your personal information and maintain strict control over access to it.
How does AAA Life Insurance Company collect my personal information?	We collect your personal information, for example, when you: ■ Apply for insurance or pay insurance premiums ■ File an insurance claim or provide account information ■ Give us your contact information We also collect your personal information from other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only: ■ Sharing for affiliates' everyday business purposes—information about your creditworthiness ■ Affiliates from using your information to market to you ■ Sharing for nonaffiliates to market to you
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account—unless you tell us otherwise.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ <i>Our affiliates include AAA companies.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ <i>Nonaffiliates we share with can include AAA companies.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ■ <i>Our joint marketing partners include AAA companies.</i>



Home Office:
17900 N. Laurel Park Drive Livonia, MI 48152

TOLL FREE INFORMATION AND COMPLAINT NUMBER: (800) 624-1662

This is a term life insurance Policy. It is issued in return for Your Application and payment of the Initial Premium.

You may convert this Policy during the Conversion Period shown on the Schedule of Benefits and Premiums (called "the Schedule").

If the insured dies while this Policy is in force, We agree to pay the Proceeds Payable to the Beneficiary according to the provisions of this Policy.

This is a legal contract between You and Us. Please Read It Carefully.

31 DAY RIGHT TO EXAMINE: You have the right to examine this Policy for a period of 31 days after You receive it. If You are not satisfied, mail or deliver it to Our Home Office, or the agent from whom you bought the Policy, or to any of Our Agents with a written request that the Policy be cancelled. We will void it as though it were never issued. We will refund all premiums, fees and charges You have paid.

**IMPORTANT
YOU HAVE PURCHASED A LIFE INSURANCE POLICY.
CAREFULLY REVIEW FOR LIMITATIONS.**

**THIS POLICY MAY BE RETURNED WITHIN 31 DAYS FROM THE DATE YOU
RECEIVED IT FOR A FULL REFUND BY RETURNING IT TO THE INSURANCE
COMPANY OR AGENT WHO SOLD YOU THIS POLICY.**

As evidence of this agreement, this Policy has been signed by Officers of AAA Life Insurance Company at our Home Office.

A handwritten signature in black ink, appearing to read 'John W. DuBose, III'.

John W. DuBose, III, President

A handwritten signature in black ink, appearing to read 'Latrene M. Edwards'.

Latrene M. Edwards, Secretary

TERM LIFE INSURANCE POLICY TO AGE 95 – CONVERTIBLE

Nonparticipating

This Policy does not participate in Our earnings or surplus.

TABLE OF CONTENTS

<u>Provision</u>	<u>Page</u>
Agreement	Cover
Beneficiary	8
Claim Processing	9
Death Benefit	9
Filing a Death Claim	10
Interest on Proceeds	10
Legal Actions	10
Method of Payment	10
Physical Examination & Autopsy	10
Consideration	Cover
Conversion Provision	9
Conversion Period	9
Conditions for Conversion	9
Definitions	4
General Provisions	6
Clerical Errors	7
Conformity with State Statutes	7
Entire Contract	6
Elections, Designations, Changes, Requests	6
Incontestability	6
Misstatement of Age or Gender	6
Protection Against Creditors (Beneficiary's Rights)	7
Protection Against Creditors (Owner's Rights)	6
Statements	7
Suicide	6
Termination	7
Ownership Provisions	7
Assignment	8
Change of Beneficiary	8
Change of Ownership	7
Policy Owner	7
Effective Date of Elections, Designations, Changes, Requests	8
Premiums	8
Grace Period	8
Payment	8
Renewal	8
Reinstatement	9
Schedule of Benefits and Premiums	3
Thirty-One Day Right to Examine Policy	Cover

The Application, endorsements, riders, or related material follow the last page.

AAA Life Insurance Company
Livonia, MI

Home Office
17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662

HOW TO GET ANSWERS FOR YOUR QUESTIONS OR CONCERNS

- 1. Your first approach should be to contact the agent who sold you your policy.**
- 2. If that agent is unable to give you satisfactory answers, you can call us at the Company's Home Office toll-free number, 1-800-624-1662.**
- 3. You can also contact the California Department of Insurance, but please do so only if your discussions with your agent or our Home Office were not able to produce satisfactory results. You may write to:**

**California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013**

The telephone numbers for the California Department of Insurance are:

- A. Toll-free for most of California: 1-800-927-4357**
- B. In area codes 213, 818, and 310 and outside of California, call: 1-213-897-8921**

The California Department of Insurance can also accept complaints over its website at: www.insurance.ca.gov.

SCHEDULE OF BENEFITS AND PREMIUMS

Policy Number:	4041148901	Policy Effective Date:	10/20/2019
Policyowner:	FLORA TARCILA E APELO	Issue Date:	October 29, 2019
Insured:	FLORA TARCILA E APELO	Issue State:	CA
Issue Age:	56	Gender:	Female
Face Amount:	\$500,000.00	Rate Class:	SUPER PREFERRED NON-NICOTINE
Payment Method:	Monthly Credit Card	Total Initial Modal Premium:	\$116.16

California Department of Insurance
Telephone Number: 800-927-4357

<u>Benefit Type</u>	<u>Initial Term Period</u>	<u>Initial Annual Premium*</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Term Life Insurance	20 Years**	\$1,320.00	10/20/2019	10/20/2058

Additional Riders/Endorsements

<u>Benefit Type</u>	<u>Benefit Amount</u>	<u>Initial Annual Premium</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Accelerated Death Benefit Endorsement	N/A	N/A	10/20/2019	10/20/2058
Lifetime Membership Benefit Endorsement	N/A	N/A	10/20/2019	10/20/2058

Total Initial Annual Premium: \$1,320.00

ALTERNATIVE INITIAL MODAL PREMIUM OPTIONS:

PAYMENT METHOD:	MONTHLY CREDIT CARD OR EFT	DIRECT BILL QUARTERLY	DIRECT BILL SEMI-ANNUAL	DIRECT BILL ANNUAL
TOTAL INITIAL MODAL PREMIUM:	116.16	\$343.20	\$686.40	\$1,320.00

Conversion Period: To the earliest of the Initial Term Period or the Policy Anniversary after Insured's 65th birthday. No conversions will be allowed after Attained Age 65.

* Includes \$50.00 Annual Fee

** Coverage is renewable annually thereafter, but not beyond the Expiration Date

Address and phone number for Premium payment, inquiries and notification of claim:

AAA Life Insurance Company
17900 N. Laurel Park Drive
Livonia, MI 48152
1-800-624-1662

SCHEDULE OF BENEFITS AND PREMIUMS
(continued)

Policy Number: 4041148901

Insured: FLORA TARCILA E APELO

Attained Age	Base Annual Premium*	Maximum Annual Premium**	Attained Age	Base Annual Premium*	Maximum Annual Premium**
56	\$1,320.00	\$1,320.00	76	\$8,925.00	\$8,925.00
57	\$1,320.00	\$1,320.00	77	\$10,065.00	\$10,065.00
58	\$1,320.00	\$1,320.00	78	\$11,345.00	\$11,345.00
59	\$1,320.00	\$1,320.00	79	\$12,760.00	\$12,760.00
60	\$1,320.00	\$1,320.00	80	\$14,370.00	\$14,370.00
61	\$1,320.00	\$1,320.00	81	\$31,935.00	\$31,935.00
62	\$1,320.00	\$1,320.00	82	\$53,590.00	\$53,590.00
63	\$1,320.00	\$1,320.00	83	\$79,095.00	\$79,095.00
64	\$1,320.00	\$1,320.00	84	\$109,470.00	\$109,470.00
65	\$1,320.00	\$1,320.00	85	\$145,730.00	\$145,730.00
66	\$1,320.00	\$1,320.00	86	\$158,830.00	\$158,830.00
67	\$1,320.00	\$1,320.00	87	\$178,550.00	\$178,550.00
68	\$1,320.00	\$1,320.00	88	\$199,150.00	\$199,150.00
69	\$1,320.00	\$1,320.00	89	\$221,110.00	\$221,110.00
70	\$1,320.00	\$1,320.00	90	\$241,350.00	\$241,350.00
71	\$1,320.00	\$1,320.00	91	\$251,590.00	\$251,590.00
72	\$1,320.00	\$1,320.00	92	\$271,730.00	\$271,730.00
73	\$1,320.00	\$1,320.00	93	\$301,610.00	\$301,610.00
74	\$1,320.00	\$1,320.00	94	\$339,330.00	\$339,330.00
75	\$1,320.00	\$1,320.00			

* Includes \$50.00 Annual Fee.

** Includes Annual Premium for any Riders

Definitions

In this Policy, the following terms mean:

Absolute Assignment – The transfer of the Owner's rights and privileges to another person or entity. Actual ownership does not transfer.

Age – The Insured's age as of their nearest birthday.

Application – The document and any additional document used to provide Evidence of Insurability to apply for this insurance coverage or any reinstated coverage. It is a part of this Policy.

Attained Age – The Insured's Age, on any given date, at the most recent Policy Anniversary.

Base Policy – This Policy without any added benefits provided by Riders or Endorsements.

Beneficiary – The person or entity named in the Application, or in the most recent change recorded by Us, to receive the death benefit.

Contingent Beneficiary – The person or entity named in the Application, or in the most recent change recorded by Us, to receive the death benefit if no primary Beneficiary is alive at the Insured's death.

Contingent Owner – The person or entity named in the Application, or in the most recent change recorded by Us, to become the Owner of this Policy if the Owner dies before the Insured.

Death Benefit – The amount payable upon the death of the Insured while this Policy is in force.

Endorsement – A form attached to this Policy that provides additional benefits without additional charges.

Evidence of Insurability – Proof satisfactory to Us that an Insured is an acceptable risk for insurance coverage.

Expiration Date – The date on which all coverage under this Policy, or any attached Rider, is no longer in force, as shown on the Schedule.

Face Amount – The amount of life insurance provided under this Policy. It is shown in the Schedule. This amount does not include benefits under any Riders or Endorsements.

Grace Period – The time period in which an overdue Premium will still be accepted. During this period the coverage remains in force.

Home Office – Our office located at 17900 N. Laurel Park Drive, Livonia, MI 48152.

Initial Premium – The first premium due in consideration for this Policy. We must receive the Initial Premium before the Policy becomes effective.

Insured – The person whose life is insured under this Policy as shown on the Schedule.

Irrevocable Beneficiary – A Beneficiary the Owner cannot change without the Irrevocable Beneficiary's written consent.

Issue Age – The Insured's Age on the Policy Effective Date. The Issue Age is shown on the Schedule.

Issue Date – The date shown on the Schedule. We will use this date to measure the time periods of the Suicide and Incontestability Provisions of this Policy.

Maximum Annual Premium – The highest annual Premium that We can charge for each Policy Year. It is shown in the Table of Annual Premiums. The Maximum Annual Premium includes Premiums payable for any benefit Riders attached to this Policy.

Owner – The person or entity that has full rights and privileges to the benefits of this Policy, while the Insured is living.

Payee – The person or entity to whom We make benefit payments.

Policy – The document that provides evidence of insurance coverage and benefits, on the Insured.

Policy Anniversary – The same month and day as the Policy Effective Date for each year this Policy remains in force.

Policy Effective Date – Is the date insurance coverage begins. It is shown on the Schedule. We use the Policy Effective Date to determine Policy Anniversaries.

Premium – The amount required to be paid to Us to keep this Policy in force.

Rate Class – The mortality or morbidity classification assigned to the Insured under this Policy. It is used to determine the costs, charges and fees for the insurance coverage. The Rate Class of the Insured is shown on the Schedule.

Proofs of Loss – Documents that provide satisfactory evidence to Us, that the Insured or You have incurred a loss covered by the Policy, its Riders or Endorsements.

Reinstate – To restore coverage after this Policy has lapsed.

Reinstatement Date – The date we approve a reinstatement request and receive all overdue premiums.

Rider – A form attached to this Policy that provides added benefits for an additional charge.

Initial Term Period – The period of time shown on the Schedule for which insurance is issued under this Policy. It is the period We guarantee the Annual Premium will remain level.

Total Initial Modal Premium – The Premium for the chosen payment method for the life insurance Benefit Amount plus any added benefit Riders. This is shown on the Schedule.

We, Us, Our, Ours, and the Company mean AAA Life Insurance Company.

You, Your, and Yours mean The Owner of this Policy.

General Provisions

Entire Contract

The Entire Contract between You and Us consists of this Policy, including any attached Riders, Endorsements or amendments, and the attached Applications.

Any application for:

1. Additional benefits provided by Rider;
2. A change in coverage, or
3. Reinstatement

becomes a part of this Policy on the effective date of the Rider, change or reinstatement.

Any change or waiver of any provision of this Policy must be in writing and signed by an Officer of the Company. No agent has the authority to change the contract in any way or extend the time for paying Premiums.

Misstatement of Age or Gender

If the Insured's Age or gender was misstated, their correct Age or gender at the date of application will be used to determine:

1. The Effective, Renewal, or Expiration Dates of benefits provided by this Policy;
2. The Death Benefit, and
3. Any other rights or benefits under this Policy.

If the Insured's Age or gender was misstated, We will adjust the Death Benefit to be the amount that would be purchased by the premium at the correct Age or gender.

Suicide

If the Insured commits suicide, while sane or insane, within 2 years from the Issue Date, proceeds payable will be limited to:

1. Total Premiums paid,
2. Less any Debt and
3. Less the cost of insurance for any other covered person insured by Rider.

The proceeds will be paid to the Beneficiary in one lump sum regardless of any policy settlement previously elected by You or the Beneficiary.

If the Insured commits suicide, while sane or insane, after two (2) years from the original Issue Date, but within two (2) years from the last Reinstatement Date, the proceeds payable will be limited to:

1. all premiums paid after such Reinstatement Date;
2. less any debt, and
3. less the cost of insurance for any other covered person insured by Rider incurred after the Reinstatement Date.

Incontestability

We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for 2 years from:

- the Issue date, or
- the last Reinstatement Date.

We will not use a statement made by You or the Insured on any Application to contest a claim unless:

1. The Insured dies within 2 years of the Issue Date or within 2 years of the last Reinstatement Date, and
2. any answer, representation or acknowledgement made by You or the Insured on the Application for Insurance or Reinstatement was not true and/or complete, and
3. if we had known the truth, We would not have issued the Policy.

We can contest this Policy at any time for nonpayment of premium, or fraud, where permitted by the state where this Policy is delivered or issued for delivery.

Protection Against Creditors (Beneficiary's Rights)

While the Insured is alive, the Beneficiary may not assign or borrow against the benefit amount. While the Insured is alive or upon death, a Beneficiary's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Protection Against Creditors (Owner's Rights)

While the Insured is alive, the Owner may not assign or borrow against the benefit amount, except as stated in the Assignment provision. While the Insured is alive, an Owner's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Statements

We consider all statements made in the Application to be representations and not warranties, unless they are fraudulent. No statement will be used to void coverage or reduce benefits unless:

1. it is in writing; and
2. a copy is attached to the Policy.

Clerical Errors

Clerical or system errors in this Policy, or any report concerning this Policy, will neither:

1. deprive You of the benefits You are entitled to under the Policy, nor
2. provide You with additional benefits to which You are not entitled.

Conformity with State Statutes

This Policy is subject to the laws of the state where the Application was signed. If part of this Policy does not comply with those laws, it will be treated as if it did. Any provision of this Policy, which, on its Effective Date, is in conflict with the statutes of the state in which the Policyowner is located on such date is hereby amended to conform to the minimum requirements of such statutes.

Termination

All coverage under this Policy will terminate when any of the following occurs:

1. the Insured dies;
2. the Policy is converted as specified herein;
3. the Grace Period ends without payment of the required premium;
4. the Expiration Date as shown on the Schedule.

Any premium received after the date of Termination will not cause this Policy to continue in force. Any such premium will be refunded.

Ownership Provisions

Policy Owner

The Insured is the Owner of this Policy, unless otherwise stated in the application or in a Policy endorsement. Your rights as an Owner end at the Insured's death. While the Insured is living, You have the rights as Policy Owner to:

1. transfer ownership rights and privileges by Absolute Assignment or Collateral Assignment, or
2. designate, change, or revoke a Contingent Owner, or
3. change any Beneficiary during the Insured's lifetime, or
4. receive any benefit, exercise any right, and use any privilege granted to You by Your Policy, or
5. agree with Us to change or amend Your Policy.

If You have named an Irrevocable Beneficiary, We will require their consent before processing any of Your requests. If the Owner dies before the Insured, the Contingent Owner becomes the new Owner. If the Owner dies before the Insured and no other arrangements have been made with Us, ownership will transfer to the Owner's estate.

Change of Ownership

If a new Owner or Contingent Owner is named, then, unless otherwise stated, any prior designation of a Contingent Owner will be void. The ownership change must be made while the Insured is living by sending satisfactory written notice to Us at Our Home Office.

Assignment

Assignment of this Policy will be binding on Us only after a copy of the assignment is received at Our Home Office. We are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable Beneficiary are transferred to the assignee. If the assignment is collateral, rights are transferred only to the extent of the assignee's interest.

Change of Beneficiary

The Owner may change the Beneficiary, except for an Irrevocable Beneficiary, at any time while the Insured is living by sending written notice to Us at Our Home Office.

Effective Date of Elections, Designations, Changes and Requests

All elections, designations, changes and requests must be in written form satisfactory to Us. They will become effective on the date the notice of change is signed, unless specified otherwise by the Owner. We will not be liable for payment made or action taken by Us before notice was received at Our Home Office and acknowledged in writing by Us.

Beneficiary

Beneficiary

The Beneficiary will receive the Death Benefit. A Beneficiary has no rights under this Policy until the death of the Insured.

There are two Beneficiary classes:

1. Primary Beneficiary, or
2. Contingent Beneficiary.

If there is more than one primary Beneficiary, each will share equally unless otherwise specified by You. If no primary Beneficiary survives the Insured, the Death Benefit will be paid to the Contingent Beneficiary. The share of any Beneficiary who dies before the Insured, or within fifteen (15) days after, will pass equally to any surviving Beneficiaries in that class, unless otherwise stated by You. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner or the Owner's estate.

However, we may pay any Death Benefit up to \$10,000 to any person We consider justly entitled if:

1. the Beneficiary is not competent to give a valid release;
2. the Beneficiary is a minor, or
3. the benefit is payable to the Owner's estate.

If We make payment in good faith, We will not be liable to anyone for the amount paid.

Premiums

Payment

Each Premium is payable in advance of the period it applies. Due dates of later Premiums are measured from the Policy Effective Date. All Premiums after the first are payable to Us at Our Home Office. You may request a receipt signed by an officer of the Company.

The amount and frequency of Premium payments are shown on the Schedule. This Policy terminates on the due date of any Premium not paid on or before that date, subject to the Grace Period provision.

Renewal

This Policy is issued for the Term Period shown on the Schedule starting on the Policy Effective Date. This Policy may be renewed, without Evidence of Insurability, for successive annual periods until the Expiration Date shown on the Schedule. The Expiration Date is the day prior to the Policy Anniversary after the Insured's 95th birthday.

Grace Period

We allow a Grace Period of 31 days for payment of any Premium after the first. This Policy remains in force during the Grace Period. If death occurs during a Grace Period, any unpaid Premium up to the date of death will be deducted from the Death Benefit.

Reinstatement

During the life of the Insured, You may apply to have the Policy reinstated within three years after the due date of any unpaid premium. The Policy must not have been converted.

We require the following to reinstate the Policy:

1. satisfactory Evidence of Insurability, and
2. payment of all overdue premiums from date of Termination to the Reinstatement Date, and
3. payment of the first Modal Premium Due after the Reinstatement Date.

The Effective Date of Reinstatement is the date We approve the Reinstatement. We must have received all required premiums before we approve it

Conversion Provision

Conversion Period

You may convert this policy within the time frame indicated on the Schedule. Insurance may be converted to any individual permanent life insurance policy that we make available for Conversion during this period. The Policy must be in force. The conversion period ends on the date shown on the Schedule.

Conditions for Conversion

Insurance, up to the Face Amount in force on this Policy, may be converted to a new policy during the conversion period. However, partial conversions will not be allowed when the Intermediate Period Endowment Benefit Rider is attached to this Policy. Conversion is subject to these conditions:

1. Premiums are not being waived due to total disability.
2. Premiums are current on this Policy.
3. The effective date of the new policy will be the date of conversion.
4. The suicide or contestability period does not start over with the new policy. The suicide and contestability period under the new Policy will be measured from the Issue Date of this Policy, or if later, the last Reinstatement Date.
5. Any Riders and/or Endorsements will be issued with the new policy only with Our consent. They will be subject to Our requirements.
6. You must submit a request for conversion form to Us and pay the first premium due.
7. The new policy will be issued at the Age of the Insured on the date of conversion, and on the forms in use by Us on that date.
8. The new policy will be issued in a similar Rate Class to this Policy, at the Premium for that Rate Class in use by Us on the date of conversion.
9. The new policy will be subject to Our minimum policy requirements in effect at the time of conversion. The annual Premium for the new policy cannot be less than the corresponding Premium for this Policy.

Claim Processing

Death Benefit

If the Insured dies while this Policy is in force, We will pay the Death Benefit to the Beneficiary. The Death Benefit will be calculated as:

1. the amount provided by the Face Amount; plus
2. any benefits provided by Rider or Endorsement which are payable upon the Insured's death; less
3. the amount needed to keep this Policy in force to the end of the Policy month of death, if the Insured dies within the Grace Period; less
4. the amount of any benefits paid under the Accelerated Death Benefit; plus
5. any Premium paid past the Policy month of death.

Filing a Death Claim

To claim the Death Benefit, We require a claim form and due proof of death. Due proof of death consists of:

- a certified copy of the Insured's death certificate;
- other lawful evidence providing equivalent information, and
- proof of the claimant's interest in the proceeds.

If You or Your Beneficiaries need help in the claim process, contact Your agent or Our Home Office.

Interest on Proceeds

Interest accrues and is payable from the date of death. It accrues at the rate applicable to the Policy for funds left on deposit with Us as of the date of death, plus 10% annually beginning 31 calendar days from the latest of:

- (i) The date We receive due proof of death, or
- (ii) The date We receive sufficient information to determine Our liability, the extent of Our liability and the appropriate payee legally entitled to the proceeds, or
- (iii) The date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to Us. Legal impediments include, but are not limited to:
 - a. The establishment of guardianships and conservatorships;
 - b. The appointment and qualification of trustees, executors and administrators, and
 - c. The submission of information required to satisfy state and federal reporting requirements.

Method of Payment

The Death Benefit can be paid in a lump sum or under any payment option mutually agreed upon.

If You wish to have any part of the benefit amount paid under a settlement option, You must make the election in writing during the Insured's lifetime. If a settlement option, other than lump sum, is chosen, each payment must be at least \$100. If an option has not been chosen when the Insured dies, the Beneficiary may choose one.

A Payee may not assign or borrow against the benefit amount. A Payee's creditors may not claim any of the benefit amount or interest, unless allowed by law.

At the death of the Payee, We will pay the present value of the unpaid benefit amount, including interest, in a lump sum to the Payee's designated beneficiary. If no Payee Beneficiary has been named or the Payee's Beneficiary predeceases the Payee, We will make a lump sum payment to the Payee's estate.

Physical Examination and Autopsy

We have the right to examine, at Our expense, the person for whom a claim is made under this Policy, as We may reasonably require while a claim is pending. We have the right to have an autopsy performed in the case of death, where the law does not forbid it.

Legal Actions

Legal Actions may not be taken to receive benefits until 60 days after the date Proof of Loss is submitted as described above. Legal action may not be taken after the applicable statute of limitations.



**Life Insurance
Company**

(A Stock Company)

17900 N. Laurel Park Drive, Livonia, MI 48152
1-800-624-1662

AMENDATORY ENDORSEMENT

Effective 1/1/2013, to comply with California law, the following provision in your policy has been changed:

1. The "**Premiums**" provision of Your Policy is amended with the following language:

Grace Period

We allow a Grace Period of 60 days for payment of any Premium after the first. This Policy remains in force during the Grace Period. If death occurs during a Grace Period, any unpaid Premium up to the date of death will be deducted from the Death Benefit.

Signed for the AAA Life Insurance Company at its Home Office in Livonia, Michigan.

A handwritten signature in black ink, appearing to read 'John W. DuBose, III'.

John W. DuBose, III, President

A handwritten signature in black ink, appearing to read 'Latrene M. Edwards'.

Latrene M. Edwards, Secretary



(A Stock Company)
17900 N. Laurel Park Drive, Livonia, MI 48152
1-800-624-1662

ACCELERATED DEATH BENEFIT ENDORSEMENT
(THIS ENDORSEMENT IS NOT A LONG -TERM CARE ENDORSEMENT)

IMPORTANT NOTICE: BENEFITS PROVIDED UNDER THE TERM LIFE INSURANCE POLICY WILL BE REDUCED IF THE ACCELERATED DEATH BENEFIT IS PAID.

BENEFITS PAID UNDER THIS ENDORSEMENT MAY BE TAXABLE AND MAY AFFECT ELIGIBILITY FOR GOVERNMENT PROGRAMS SUCH AS MEDICAID OR OTHER BENEFITS UNDER STATE OR FEDERAL LAW. THE INSURED SHOULD CONTACT THEIR TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT ON THEIR PERSONAL SITUATION. WE OR OUR AGENTS CANNOT PROVIDE TAX OR LEGAL ADVICE.

This Endorsement is attached to and becomes a part of the Policy. This Endorsement will remain in effect only while the Policy remains in effect. It is governed by the terms of the Policy that are not in conflict with the provisions of this Endorsement.

EFFECTIVE DATE: The Effective Date of this Endorsement is shown on the Schedule of Benefits and Premiums ("Schedule Page"). If We reinstate coverage under this Endorsement, its Effective Date will be shown in a new Schedule Page.

This Endorsement will not become effective unless the Policy is in force.

BENEFIT: This Endorsement allows You to request an Accelerated Death Benefit Amount subject to all the provisions of the Policy. This Endorsement is not intended to provide health, nursing home, or long-term care insurance.

INSURED: The person named on the Schedule Page, and who is covered by this Endorsement.

PHYSICIAN: A doctor of medicine (M.D.) or osteopathy (D.O.) legally authorized to practice medicine or surgery, within the scope of such authorization, by the state which he or she performs such function or action. A Physician may not be the spouse, child, sibling, parent, grandparent, grandchild, or in-law of the Insured.

TERMINAL CONDITION: A medical condition that is expected to result in the Insured's death within 12 months or less, notwithstanding appropriate medical care.

ELIGIBILITY: Before We make a payment under this Endorsement we must receive Written Proof from a licensed Physician that the Insured suffers from a Terminal Condition. As part of any proof, We may require the Insured to be examined, at Our expense, by a Physician chosen by us. Such second opinion will be final.

In addition, You must provide Us with:

1. a completed request for Accelerated Death Benefit form; and
2. the written consent of any irrevocable Beneficiary or Assignee.

CONDITIONS FOR ACCELERATED BENEFIT: This Endorsement is not intended to permit creditors or government agencies to cause the Insured to involuntarily access proceeds ultimately payable to the Beneficiary. Therefore, the Insured is not eligible for this Benefit if required by law to use this Benefit to:

1. satisfy the claims of creditors; or
2. apply for, obtain or retain government Benefits.

You may apply for an Accelerated Death Benefit payment while the Policy is in force but not in the Grace Period.

EXCLUSION: The Accelerated Death Benefit will not be available if the Terminal Condition is a result of an intentionally self-inflicted injury.

ACCELERATED DEATH BENEFIT AMOUNT: You may request an Accelerated Death Benefit payment of up to 50% of the base Face Amount. However:

1. You may not request a total greater than \$500,000 from all Policies or Certificates in force with Us on the Insured's life;
2. You must request at least \$5,000; and
3. the remaining Death Benefit payable under this Policy and any Endorsements must be at least \$5,000.

Only one Accelerated Death Benefit payment can be made under this Policy.

METHOD OF PAYMENT: We will pay You the Benefit Amount for the Accelerated Death Benefit in one lump sum.

PREMIUM: There is no additional premium for this Endorsement. Premiums payable under the Policy will not be reduced because of any Accelerated Death Benefit payment we make. You must continue to pay premiums when they are due or within the Grace Period.

FEES AND INTEREST: We will charge a processing fee of \$75 if We make an Accelerated Death Benefit payment. The processing fee will be deducted from the Accelerated Death Benefit otherwise payable.

We will charge interest at the rate of 8% annually in arrears on the amount of the Accelerated Death Benefit paid.

EFFECT OF BENEFIT: Upon payment of an Accelerated Death Benefit, the Death Benefit payable under the Policy will be reduced by:

1. the amount of the Accelerated Death Benefit payment; and
2. any accrued and unpaid interest on the Accelerated Death Benefit payment.

TERMINATION: This Endorsement will terminate on the earliest of:

1. the date when the Policy this Endorsement is attached to terminates; or
2. upon the Insured's death.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



John W. DuBose, III, President



Latrina M. Edwards, Secretary



**Life Insurance
Company**

(A Stock Company)

**17900 N. Laurel Park Drive, Livonia, MI 48152
1-800-624-1662**

LIFETIME MEMBERSHIP BENEFIT ENDORSEMENT FOR SURVIVING SPOUSE

This Endorsement is part of the Policy. It is in effect only while the Policy remains in effect. The Effective Date is shown on the Schedule Page. It will not become effective unless the Policy is in force.

SPOUSE: The spouse, Registered Domestic Partner, Civil Union Partner, or party to a domestic partnership between two adults, as recognized by state law, where the Policy is delivered.

BENEFIT: If the Insured's death benefit is payable, We will pay the cost of a lifetime basic American Automobile Association (AAA) Membership for the surviving Spouse. No other benefit will be provided in lieu of the AAA Membership.

If the surviving Spouse is an active AAA Member, they must send their current membership number to Our Home Office. If the surviving Spouse is not currently a AAA Member, they must send a completed Membership application from their local AAA Club, to Our Home Office.

We must receive the application or membership number at Our Home Office. We must receive it within 180 days after the date of the Insured's death. If it is not reasonably possible to send the information within 180 days, the claim for this benefit will not be affected, if it is sent as soon as reasonably possible. But unless the surviving Spouse is legally incapacitated, we must receive the application or membership number no more than 2 years from the time it is otherwise required.

EXCLUSION: This Benefit will not be paid if the Insured's Death results from suicide within two years of the Policy Issue Date.

Signed for the AAA Life Insurance Company at its Home Office in Livonia, Michigan.

A handwritten signature in black ink, appearing to read 'John W. DuBose, III', written in a cursive style.

John W. DuBose, III, President

A handwritten signature in black ink, appearing to read 'Latrene M. Edwards', written in a cursive style.

Latrina M. Edwards, Secretary

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TERM LIFE INSURANCE POLICY TO AGE 95
Nonparticipating

NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights and obligations of the Association.

COVERAGE

• Persons Covered

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• Amounts of Coverage

The basic coverage protections provided by the Association are as follows:

• Life Insurance, Annuities and Structured Settlement Annuities

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

• Life Insurance

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

• Annuities and Structured Settlement Annuities

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• Health Insurance

The maximum amount of protection provided by the Association to an individual, as of July 1, 2016, is \$546,741. This amount will increase or decrease based on the changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer. Changes to this amount will be posted on the Association's website www.califega.org.

COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C)

NOTICES

Insurance companies and their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.califega.org, or contact either of the following:

California Life and Health Insurance
Guarantee Association
P.O. Box 16860
Beverly Hills, CA 90209-3319
(323) 782-0182

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street
Los Angeles, CA 90013
(800) 927-4357

Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.



17900 N. Laurel Park Drive
Livonia, MI 48152
1-800-684-4222
www.aalife.com

Electronic Records Disclosure Notice

Please Keep This With Your Policy Documents

During your recent transaction with AAA Life Insurance Company (“AAA Life”) you may have consented to receive certain records electronically. AAA Life strongly believes that its current and former customers should understand their rights with respect to receiving electronic records.

You may have received your application, policy, secondary addressee form, privacy notice, and replacement notice electronically.

If you elected to receive a record from AAA Life electronically:

- Your consent to receive a record electronically is voluntary;
- You may opt out of receiving a record electronically at any time by:
 - Calling our Member Services Department at 1-800-684-4222; or
 - Visiting our website at www.aalife.com, selecting the **Customer Support** link and completing a **Customer Support Request**;
- You may also change or update your current email address by:
 - Calling our Member Services Department at 1-800-684-4222; or
 - Visiting our website at www.aalife.com, signing in to **eServices** and updating your email address in the **My Profile** link;
- You are entitled to receive a free printed copy of any record that we transmit electronically.
 - To obtain a printed copy of a record we transmitted to you electronically, please call our Member Services Department at 1-800-684-4222; or
 - Visit our website at www.aalife.com, select the **Customer Support** link and complete a **Customer Support Request**.

FLORA TARCILA E APELO

Customer Signature

ftapelo@aol.com

Customer Email Address

10/4/2019

Date



Application for Life Insurance

Part 1

LD WS LJFQJ3M69K

17900 N Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662**PROPOSED INSURED INFORMATION**

Full Legal Name (First, Middle, Last) Flora E Apelo				
Street Address 140 Mirror Ct		City Patterson	State CA	Zip 95363-_____
Home Phone (408)969-9099	Work Phone	Cell Phone	Email address ftapelo@aol.com	
Date of Birth 04/06/1964	☐ Male ☒ Female	Social Security Number 000-00-6677	Driver's License or Government ID No. 00009796	State Issued CA
Occupation Retired RN		Membership Number 4290056254188322	Club Code 000	Nicotine Use ☐ Yes ☒ No
Annual Earned Income \$65,000			Net Worth \$0	

INSURANCE REQUESTED

Plan/Duration Term Life I 20-Year	Face Amount \$500,000
Risk Class Quoted Preferred Non-Nicotine	Death Benefit Option (For Universal Life Only) ☐ A -Level ☐ B-Increasing ☐ C-Premium Recovery

RIDERS REQUESTED (not all riders are available with all plans)

☐ Return of Premium / IPE	☐ Disability Waiver of Premium	☐ Waiver of Monthly Deductions
☐ Primary Insured	☐ Child Term _____	☐ Guaranteed Purchase Option _____
☐ Additional Insured	☐ Travel Accident _____	☐ Accidental Death Benefit _____
☐ Other _____		☐ Other _____

ADDITIONAL INSURED INFORMATION

Full Legal Name (First, Middle, Last)				
Street Address		City	State	Zip
Home Phone	Work Phone	Cell Phone	Email address	
Date of Birth	☐ Male ☐ Female	Social Security Number	Driver's License or Government ID No.	State Issued
Occupation	Membership Number		Club Code	Nicotine Use ☐ Yes ☐ No
Annual Earned Income			Net Worth	
Plan/Duration		Face Amount	Risk Class Quoted	

PREMIUM AND BILLING INFORMATION

Initial Premium for this Application	Future Premium Billing (Select Only One Mode and One Payment Type)		Send Premium Notices To (Select Only One)
Initial Premium Amount \$120.56 ☐ EFT ☒ Credit Card ☐ Check	MODE ☐ Annually (A) ☐ Semi Annually (S-A) ☐ Quarterly (Q) ☒ Monthly (M)	PAYMENT TYPE ☐ Credit Card ☐ EFT ☐ Direct Bill ☒ Credit Card ☐ EFT	☒ Proposed Insured ☐ Owner ☐ Other (Full Name & Address) _____ _____ _____ ☐ Secondary Addressee (Full Name & Address) _____ _____ _____
Process Upon: ☒ Receipt at Home Office ☐ Issue			
1035 Exchange: ☐ Yes ☒ No			
Lump Sum Payment \$ _____ (For Universal Life Only)			



Application for Life Insurance

Part 1

LD WS LJFQJ3M69K

17900 N Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662**OWNER INFORMATION (If Not Proposed Insured)**

Full Legal Name (First, Middle, Last)					
Street Address			City	State	Zip
Relationship to Insured	SSN/TIN	Home Phone	Work Phone	Cell Phone	

BENEFICIARY INFORMATION—PROPOSED INSURED

PRIMARY Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)
Rene Apelo	Husband	100
CONTINGENT Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)

BENEFICIARY INFORMATION—ADDITIONAL INSURED

PRIMARY Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)
CONTINGENT Beneficiary(ies)	Relationship to Insured	Benefit % (Total = 100%)

EXISTING INSURANCE—PROPOSED INSURED (Including Life Insurance With AAA Life)

Are there any life insurance policies or annuity contracts inforce or any applications pending on the life of the Proposed Insured?						☒ Yes ☐ No
Will the coverage applied for replace or change any existing or applied for life insurance policies?						☒ Yes ☐ No
Insurance Company Name	Policy Number	Type of Insurance	Issue Year	Amount	Accidental Death	To Be Replaced
AA Life	4003827716	Term	2004	\$1,000,000.00	NO	☒ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

EXISTING LIFE INSURANCE—ADDITIONAL INSURED (Including Life Insurance With AAA Life)

Are there any life insurance policies or annuity contracts inforce or any applications pending on the life of the Additional Insured?						☐ Yes ☐ No
Will the coverage applied for replace or change any existing or applied for life insurance policies?						☐ Yes ☐ No
Insurance Company Name	Policy Number	Type of Insurance	Issue Year	Amount	Accidental Death	To Be Replaced
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No



Application for Life Insurance

Part 1

LD WS LJFQJ3M69K

17900 N Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

RELATED APPLICATIONS

The following Proposed Insured applications should be kept together.

Name	Date of Birth	Name	Date of Birth
------	---------------	------	---------------

UNDERWRITING INFORMATION

Has the **Proposed Insured** ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Alzheimer's, Amyotrophic Lateral Sclerosis (ALS), Schizophrenia, Cirrhosis, or Dementia? ☐ Yes ☒ No

Has the **Additional Insured** ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Alzheimer's, Amyotrophic Lateral Sclerosis (ALS), Schizophrenia, Cirrhosis, or Dementia? ☐ Yes ☐ No ☒ N/A

Will the premiums for this policy be loaned or otherwise financed by any individual(s) or entity(ies) other than the **Proposed Insured**, employer(s) of the **Proposed Insured**, or family members of the **Proposed Insured**, or will the **Proposed Insured** be compensated in any way in exchange for any portion of the policy's death benefit? ☐ Yes ☒ No

Does the **Proposed Insured** or **Owner** plan to sell or permanently assign the policy to another person or entity, life settlement provider or an investor, or will it replace any policy that has already been sold to another life settlement company or investor? ☐ Yes ☒ No

FRAUD WARNING

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

REPRESENTATION, ACKNOWLEDGEMENT, AND AUTHORIZATION

I declare that all answers in this application and any attached questionnaires are, to the best of my knowledge and belief true, and complete. The answers given are the basis for any policy issued by the Company, and will be made part of the Policy. Except for coverage provided under a Temporary Insurance Agreement, the coverage will take effect when:

- (i) A policy is issued on this application and delivered to and accepted by the Owner, and
- (ii) The first premium due is paid in full while each Proposed Insured is alive, and
- (iii) Provided there has been no change in the Proposed Insured's health, habits or occupation since the date the application was signed.

In order to determine insurability, **I authorize** any licensed medical practitioner, hospital, clinic, or other medical facility, insurance company, pharmacy benefit manager, MIB, Inc., other organization, institution, or person having any records of the Proposed Insured's medical or prescription history, to give such information to the Company, it's reinsurers, or any agency employed by the Company to collect and transmit such information. I understand that medical records are protected by certain federal regulations. The Company will not use or disclose medical information for any purpose other than stated above, except as may be required by law. This authorization is valid for 24 months from the date signed. A copy of this authorization will be as valid as the original. I have the right to revoke this authorization in writing to the Company; however if I do, the Company may decline my application.

I acknowledge receipt of the Company's Investigative Consumer Report Notice, MIB, Inc. Disclosure Notice, and Notice of Insurance Information Practices. **Temporary Insurance Agreement Received:** ☒ Yes ☐ No

Signed at (City and State)	Date
Patterson CA	10/04/2019
Signature of Proposed Insured	Signature of Additional Insured
* <i>Hera E. Apelo</i>	
Signature of Parent or Legal Guardian (If Proposed or Additional Insured is a Minor)	Signature of Owner (If Other Than Proposed Insured)



Application for Life Insurance

Part 1

LD WS LJFQJ3M69K

17900 N Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662**AGENT NOTES**

Agent's Statement: I represent that I ☐ have ☒ have not personally seen the person(s) proposed for insurance. To the best of my knowledge and belief there is nothing adversely affecting the insurability of the person(s) proposed for insurance other than as indicated on this application; and where required, the Company's Investigative Consumer Report Notice, MIB, Inc. Disclosure Notice, and Notice of Insurance Information Practices was given to the applicant on or before the date the application was signed. To the best of my knowledge, the Proposed Insured ☒ does ☐ does not have any insurance in force or applications pending and the Proposed Insured ☒ does ☐ does not intend to replace or change existing insurance or annuities.

Temporary Insurance Agreement Provided: ☒ Yes ☐ No	Illustration Provided: ☐ Yes ☒ No		Proposed Insured Understands English: ☒ Yes ☐ No	
Signature of Writing Agent <i>Joshua Nelson</i>	Date 10/04/2019	Agent Phone Number (402) 691-5984	Agent Email Address nelson@aaalife.com	
Printed Agent Name Joshua Nelson	Agent Number CCPA289		License Number See Remarks	Split % 100.00
Printed Agent Name	Agent Number		License Number	Split %

* This electronic signature fully complies with the Federal Electronic Signature status, Title 15, U.S.C, Chap. 96, Sec. 7001, es. Seq., and is therefore fully legal and valid as an original signature.



(A Stock Company)
 17900 N. Laurel Park Drive, Livonia, MI 48152
 1-800-624-1662

APPLICATION AMENDMENT

This amendment to the application is attached to and becomes a part of Your application and will be attached to your Policy.

The application section titled **REPRESENTATION, ACKNOWLEDGEMENT, AND AUTHORIZATION** is replaced with the following:

All answers in this application are, to the best of my knowledge and belief true. I understand the answers will be used to determine if coverage will be issued, and this application will be part of the Policy. The answers given are the basis for any policy issued by AAA Life Insurance Company (the Company). Except for coverage provided under a Temporary Insurance Agreement, the coverage will take effect when:

- (i) A policy is issued based on this application delivered to and accepted by the Owner, and
- (ii) The first premium due is paid in full while each Proposed Insured is alive, and
- (iii) There has been no change in the Proposed Insured's health, habits or occupation since the date this application was signed.

If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. If I fail to promptly inform the Company of any change in my health prior to the Effective Date of the Policy or if I misstate any of the information above, the Policy may be voidable from inception by the Company. I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, consumer reporting agency, insurance company, MIB, Inc. (MIB), or other organization that has any records or knowledge of the Proposed Insured's medical or prescription history, credit attributes, public records, driving record, or social security number, to give any such information to the Company, its reinsurer(s), or any entity retained by the Company to collect and transmit such information. I acknowledge receiving the MIB "NOTIFICATION" and authorize the Company, or its reinsurer(s) to make a brief report of my personal health information to MIB. The Company will not use or disclose medical information for any purpose other than stated above, except as may be required or permitted by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. This authorization shall be valid for 24 months from the date signed. The time limit complies with the time limit, if any, permitted by applicable law in the state where the Policy is delivered or issued for delivery. A copy of this authorization will be as valid as the original. I may revoke this authorization at any time by writing the Company; and if I do, the Company may decline my application.

I acknowledge receipt of the Company's Investigative Consumer Report Notice, and Notice of Insurance Information Practices.

Temporary Insurance Agreement Received: ☒ Yes ☐ No

* *Flora E Apelo*

10/04/2019

 Signature of Applicant or Personal Representative

 Date

Flora E Apelo

 Printed Name of Applicant or Personal Representative

 Description of Personal Representative's Authority

* This electronic signature fully complies with the Federal Electronic Signature status, Title 15, U.S.C, Chap. 96, Sec. 7001, es. Seq., and is therefore fully legal and valid as an original signature.



LD WS LJFQJ3M69K

Additional Information

17900 N. Laurel Park Dr.
Livonia, MI 48152-3985
(800) 624-1662

Reference	Remarks
	California & Florida License numbers [17990246]; all other states on file.



AAA Life Insurance Company

(A Stock Company)

17900 N. Laurel Park Dr., Livonia, MI 48152-3985

(800) 624-1662

**AGENT: THIS FORM MUST ALWAYS BE GIVEN TO THE PROPOSED INSURED / OWNER / APPLICANT
WITH THEIR APPLICATION**

MIB NOTIFICATION

Information regarding your insurability will be treated as confidential. AAA Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

AAA Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INVESTIGATIVE CONSUMER REPORT NOTICE

In compliance with federal and state laws, this is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared. The information for the report is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. The report includes information as to your character, general reputation, personal characteristics, and mode of living. You may request to be interviewed for the consumer report. You may, upon written request, be informed whether or not the report was ordered, and if so, the name and address of the consumer reporting agency. You may inspect or receive a copy of the report by contacting the consumer reporting agency that prepared the report. You have the right to make a written request to us to receive additional detailed information about the nature and scope of the investigation. Write to:

**AAA Life Insurance Company
Attn: New Business Department
17900 N. Laurel Park Dr.
Livonia, MI 48152-3985**

NOTICE OF INSURANCE INFORMATION PRACTICES

To issue insurance coverage, we may collect personal information about you from you and other sources. This information may, in certain circumstances, be disclosed to third parties without your authorization as permitted or required by law. You have the right to access and correct your personal information that we have on file. Upon request, you may receive a detailed notice about AAA Life's information practices.



Application for Individual Life Insurance Part 2

4041148901

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

PROPOSED INSURED INFORMATION			
Full Legal Name: FLORA TARCILA E APELO			Social Security Number:
State/Country of Birth: PHILIPPINES		U.S. Citizen ☒ Yes ☐ No	Permanent Resident ☒ Yes ☐ No
Visa Type:	Visa Number:	Alien Registration (Green Card) Number: OR	Expiration Date of Visa/Green Card:
Employer Name:		Employer Address:	
Is this business coverage? ☐ Yes ☒ No	If applicable, list Partners' Total Insurance Coverage:		Are you employed by the Armed Forces or are you a member of the Reserves? ☐ Yes ☒ No
IF PROPOSED INSURED HAS NO EARNED INCOME OR NO SALES			
Spouse's/Parent's Annual Income: \$		Total Life Insurance Coverage on Spouse/Parent: \$	
IF PROPOSED INSURED HAS LIVING RELATIVES			
Does Father Have Life Insurance?	☐ Yes ☐ No ☐ N/A		Total Coverage:
Does Mother Have Life Insurance?	☐ Yes ☐ No ☐ N/A		Total Coverage:
Do All Siblings Have Life Insurance?	☐ Yes ☐ No ☐ N/A		Total Coverage for Each Sibling:
MEDICAL AND DISPOSITION INFORMATION FOR PROPOSED INSURED			
Primary Care Physician Name, Address and Phone Number: DR. THAO PHAM; KAISER PERMANENTE; 408-945-2900; 770 E CALAVERAS BLVD.; KAISER ID 12139659; MILPITAS, CA 95035			
Height: 5 ft 2 in	Weight: 129 lbs	In the last 12 months, have you lost more than 20 pounds?	☐ Yes ☒ No ☐ N/A
1. Have you been to a doctor or medical facility, or consulted a member of the medical profession in the last 6 months?			☒ Yes ☐ No ☐ N/A
Have you ever been diagnosed, treated or advised to seek treatment by a member of the medical profession for:			
2. Heart or Vascular Disorder, including, but not limited to, chest pain, circulatory disorder, high blood pressure, or elevated lipids (cholesterol or triglycerides)?			☐ Yes ☒ No ☐ N/A
3. Stroke, Transient Ischemic Attack (TIA or mini-stroke), migraines or seizure?			☐ Yes ☒ No ☐ N/A
4. Diabetes, thyroid disorder, pancreatic disorder, liver disorder including, but not limited to, hepatitis or kidney disorder?			☐ Yes ☒ No ☐ N/A
5. Lung or chronic respiratory disorder including, but not limited to, sleep apnea or asthma?			☐ Yes ☒ No ☐ N/A
6. Cancer, tumor, cyst or growth?			☐ Yes ☒ No ☐ N/A
7. Rheumatoid Arthritis, Lupus, Multiple Sclerosis, Other autoimmune or connective tissue disorder?			☐ Yes ☒ No ☐ N/A
8. Acquired Immune Deficiency Syndrome (AIDS)?			☐ Yes ☒ No ☐ N/A
Have you ever:			
9. Had a parent or sibling diagnosed or treated by a member of the medical profession for heart disease, cancer, Polycystic Kidney Disease or Huntington's Disease?			☒ Yes ☐ No ☐ N/A
10. Been denied coverage or rated an extra premium for life insurance?			☐ Yes ☒ No ☐ N/A
11. Been arrested, charged, or convicted of a felony or misdemeanor other than a traffic violation?			☐ Yes ☒ No ☐ N/A
12. Used any illicit drugs not prescribed by a physician, or have been advised to, or received treatment or counseling for drug or alcohol use?			☐ Yes ☒ No ☐ N/A
13. Used any tobacco or nicotine product in any form including, but not limited to, chewing tobacco, cigars, e-cigs, hookahs and pipes?			☐ Yes ☒ No ☐ N/A



Application for Individual Life Insurance Part 2

4041148901

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

NEED AN ANSWER? YOUR AGENT OR BROKER SHOULD BE ABLE TO ASSIST YOU.	
Have you in the past 10 years been diagnosed, treated, or advised to seek treatment by a member of the medical profession for:	
14. Mental or emotional disorders, including, but not limited to, anxiety, depression, bipolar, schizophrenia, dementia, eating disorders, insomnia or attempted suicide?	☐ Yes ☒ No ☐ N/A
15. Any central nervous system disorder, including Amyotrophic Lateral Sclerosis (ALS), Parkinson's, Alzheimer's, Huntington's Disease or Cerebral Palsy?	☐ Yes ☒ No ☐ N/A
16. Digestive System, intestinal or stomach disorder, ulcer, colitis or weight loss surgery?	☒ Yes ☐ No ☐ N/A
17. Chronic pain or fibromyalgia?	☐ Yes ☒ No ☐ N/A
Have you in the past 10 years:	
18. Participated in sky diving or hang gliding, scuba or skin diving, automobile, motorcycle, boat or hydroplane racing, mountain or rock climbing, or do you plan to participate in these activities within the next two years?	☐ Yes ☒ No ☐ N/A
Have you in the past 5 years:	
19. Filed for bankruptcy?	☐ Yes ☒ No ☐ N/A
20. Been treated by a member of the medical profession and applied for or received income benefits for injury, sickness, or disability, or are you currently disabled?	☐ Yes ☒ No ☐ N/A
21. Been treated or advised to seek treatment or testing by a member of the medical profession for any condition not already mentioned?	☒ Yes ☐ No ☐ N/A
Additional information:	
22. Have you piloted an aircraft in the <u>past 2 years</u> or do you have any plans to resume piloting an aircraft in the <u>next 2 years</u> ?	☐ Yes ☒ No ☐ N/A
23. Do you consume 5 or more drinks containing alcohol per week?	☐ Yes ☒ No ☐ N/A
24. Have you ever been convicted of driving under the influence of alcohol or drugs, reckless driving, had your license denied, suspended or revoked, or in the <u>past 5 years</u> been ticketed for more than 2 moving violations?	☐ Yes ☒ No ☐ N/A
25. Have you in the <u>past 12 months</u> , or do you in the <u>next 2 years</u> , intend to reside outside of the U.S. or Canada?	☐ Yes ☒ No ☐ N/A
26. Are you <u>currently</u> employed and actively working?	☐ Yes ☒ No ☐ N/A
REMARKS	



Application for Individual Life Insurance Part 2

4041148901

17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

REMARKS (CONTINUED)

**Policy Owner?. YES
1 Reason. OTHER
1 *Other?. YES
1 Reason. 09/23/2019, SAW SOMETHING IN EYELID, WAS TOLD WAS A STY
1 Tests?. NO
1 Referral/Add'l Testing?. NO
9 *Mother HeartDis/Cancer. YES
9 Dx prior to Age 60?. NO
16 *Other?. YES
16 Date Dx. 00/0000, EARLY THIS YEAR OR LATE LAST YEAR
16 Dx. HEMORRHOIDS
16 Tx by Primary Dr?. NO
16 Dr Name/Addr. NO DOCTOR INFORMATION
21 Condition. HEMORRHOIDS, ASKED FOR COLONOSCOPY, EVERYTHING IS WELL, NO COLITIS OR ANYTHING THERE, JUST HEMORRHOIDS, RESULTS NORMAL EXCEPT FOR HEMORRHOIDS, NO TREATMENT, NOTHING TO TREAT
21 *Colonoscopy. YES
21 Received Results?. YES
21 Results Normal?. YES
21 Tx by Primary Dr?. YES

FRAUD WARNING

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law

REPRESENTATION, ACKNOWLEDGEMENT, AND AUTHORIZATION

All answers in this application are, to the best of my knowledge and belief true. I understand the answers will be used to determine if coverage will be issued, and this application will be part of the Policy. The answers given are the basis for any policy issued by AAA Life Insurance Company (the Company).

If my health changes prior to the Effective Date of the Policy, I must promptly inform the Company in writing. If I fail to promptly inform the Company of any change in my health prior to the Effective Date of the Policy or if I misstate any of the information above, the Policy may be voidable from inception by the Company.

Signed at (City and State) Patterson, CA	Date 10/12/2019
Signature of Proposed Insured DocuSigned by: <i>Flora Tarcila E Apelo</i>	Signature of Owner (if Other Than Proposed Insured)
Signature of Parent or Legal Guardian (If Proposed Insured is a Minor)	

Application Addendum

AAA Life - CA - Teleunderwriting

Proposed Insured Name: FLORA TARCILA E APELO

Social Security Number: 413-83-6677

AAA Life - CA - Pg 1-2

26 Retired/Stay @ Home? YES

26 *Retired? YES

26 Current Income 65,000, RETIRED RN

26 Current Net Worth UNKNOWN. HAS 2 HOUSES WORTH 530,000 AND 290,000

end of addendum



AAA Life Insurance Company
17900 N. Laurel Park Drive
Livonia, MI 48152-3985
1-877-434-1142

Rewrite of 4039897733

Notice of Delivery Requirements

Agent: Joshua Nelson
CA005
Policy No: 4041148901
Policy Mailed: 11/5/2019

Location: AAA Life Sales Center
Proposed Insured: Flora Tarcila E Apelo
Delivery Period Ends: 12/5/2019

IMPORTANT!

**POLICY MAY NOT BE GIVEN TO THE INSURED UNTIL THE FOLLOWING
REQUIREMENTS ARE MET**

PREMIUM PAYMENT

Amount Due:	\$116.16
Amount Received:	\$120.56
Difference:	\$4.40

Refund to be Credited to Credit Card

OTHER REQUIREMENTS

Home Office Amendment – No Signature Required



Administrative Office:
17900 N. Laurel Park Drive
Livonia, MI 48152-3985
1-877-434-1142

Amendment of Application

I amend my application form to **AAA Life Insurance Company** dated 10/4/2019 for Policy number 4041148901, as follows:

Insured's name is Flora Tarcila E Apelo

Home Office Amendment:

No Signature Required for Administrative Information Revisions or Corrections.



17900 N. Laurel Park Dr.
Livonia, MI 48152
(800) 624-1662

ACCELERATED DEATH BENEFIT ENDORSEMENT SUMMARY AND DISCLOSURE STATEMENT

IMPORTANT NOTICE

BENEFITS PROVIDED BY THE POLICY WILL BE REDUCED IF THE ACCELERATED DEATH BENEFIT IS PAID. THE DEATH BENEFIT AND OTHER POLICY VALUES SUCH AS ACCUMULATION VALUES, SURRENDER VALUES AND LOAN VALUES WILL BE PROPORTIONATELY REDUCED.

BENEFITS PAID UNDER THE ENDORSEMENT MAY BE TAXABLE. TAX LAWS RELATING TO ACCELERATION OF LIFE INSURANCE BENEFITS ARE COMPLEX. NEITHER THE COMPANY NOR ITS AGENTS CAN PROVIDE TAX ADVICE. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR ABOUT CIRCUMSTANCES UNDER WHICH YOU COULD RECEIVE ACCELERATION OF LIFE INSURANCE BENEFITS EXCLUDABLE FROM INCOME UNDER FEDERAL LAW.

RECEIPT OF AN ACCELERATED BENEFIT MAY AFFECT YOUR, YOUR SPOUSE'S OR YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS SUCH AS MEDICAL ASSISTANCE (MEDICAID), AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), SUPPLEMENTARY SOCIAL SECURITY INCOME (SSI), AND DRUG ASSISTANCE PROGRAMS. YOU ARE ADVISED TO CONSULT WITH A QUALIFIED TAX ADVISOR AND WITH SOCIAL SERVICE AGENCIES CONCERNING HOW RECEIPT OF SUCH A PAYMENT WILL AFFECT YOU, YOUR SPOUSE'S AND YOUR FAMILY'S ELIGIBILITY FOR PUBLIC ASSISTANCE.

RIGHT TO CANCEL

We will provide a full refund if the Policy is returned during the Thirty Day Right To Examine Policy as shown in the Policy.

ELECTION OF BENEFIT

You may elect an Accelerated Death Benefit payment by Written Request. The Policy must be in force and cannot be in the Grace Period when You elect the Accelerated Death Benefit.

If We approve Your request for an Accelerated Death Benefit payment, We will make the payment in a lump sum, provided the Insured is living at the time payment is made.

GENERAL DESCRIPTION OF THE ACCELERATED BENEFIT

You or Your legal representative may request payment of up to fifty percent (50%) of the Policy's death benefit as an Accelerated Death Benefit, subject to the following:

1. The total Accelerated Death Benefit payable under all policies issued by Us on the life of the Insured may not exceed \$500,000;
2. The minimum amount of the death benefit You may elect to accelerate is \$5,000; and
3. The remaining death benefit of the Policy, reduced by debt, on the life of the Insured must be at least 50% of the Minimum Specified Amount shown in the Policy Schedule.

Only one Accelerated Death Benefit payment can be made under the Endorsement.

Subject to any other provisions of the Policy, upon and after the payment of the Accelerated Death Benefit, the Policy Accumulation Value will be reduced by a percentage equal to the ratio of the amount of the Accelerated Death Benefit payment to the Policy's death benefit. The amount of the Accelerated Death Benefit payment will first be applied toward payment of any outstanding Debt.

Upon acceleration of the death benefit, the Insured will not be reclassified to a less favorable class.

CONDITIONS

The Accelerated Death Benefit is subject to the following conditions:

1. The Insured must be diagnosed by a Physician as having a Terminal Illness while the Policy and the Endorsement are in force.
2. During the lifetime of the Insured, We must receive due proof of Terminal Illness that is acceptable to Us. As part of this proof, We may, at Our own expense, require that You be examined by a Physician of Our choice.
3. Assignees and/or irrevocable beneficiaries of the Policy, if any, must give their written consent to Our payment of an Accelerated Death Benefit. If the Policy was assigned to secure a Policy Loan, Our consent as assignee will not be required.
4. In community property states, We may require Your Spouse's written consent.
5. The Endorsement provides for the accelerated payment of a portion of Your Policy's death benefit. It is not intended to permit creditors and government agencies to cause You to involuntarily access proceeds ultimately payable to Your Beneficiary. Therefore, You are not eligible for this benefit if You are required by law to use this benefit to: (a) satisfy the claims of creditors; or (b) apply for, obtain or retain government benefits.
6. We may request You to send Us Your Policy.

You may qualify for the Accelerated Death Benefit only once.

EFFECT OF BENEFIT PAYMENT ON POLICY

Upon payment of an Accelerated Death Benefit, the death benefit payable under the Policy will be reduced by:

- a. the amount of the Accelerated Death Benefit payment;
- b. any additional Debt; and
- c. any accrued and unpaid interest on the Accelerated Death Benefit payment.

Where required by law, a Benefit Payment Notice will be sent to You and Your irrevocable beneficiary, if any, when We receive a request for acceleration. A Benefit Payment Notice will show the effect the Accelerated Benefit will have on Your Policy benefits.

PREMIUM CHARGES

There is no premium charge for the Endorsement.

FEES AND INTEREST

Upon payment of an Accelerated Death Benefit, We will charge:

- a. a processing fee of \$75.00. The processing fee will be deducted from the Accelerated Death Benefit payment; and
- b. interest at the rate of 8% per annum, in arrears, on the amount of the Accelerated Death Benefit payment. Any accrued and unpaid interest will be subtracted from the Policy's death benefit.

ACKNOWLEDGMENT

I/We, the undersigned, hereby acknowledge that I/we have received and read this Summary and Disclosure Statement.

Flora E Apelo

Signature of Policy Owner

10/04/2019

Date

Signature of Policy Owner

Date

Joshua Nelson

Signature of Agent

10/04/2019

Date

17990246

Agent License Number

AAA Life Insurance Company
17900 N. Laurel Park Drive, Livonia, MI 48152
1-800-624-1662

Agent's Name and Address:

CALIFORNIA STATE AUTO ASSOC
15 BICENTENNIAL CIRCLE
SACRAMENTO, CA 95826

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Prepared on: October 29, 2019

Insured: FLORA TARCILA E APELO

Benefit Description	Specified Amount	Expiry Date	Annual Premium
Term Life Insurance	\$500,000.00	10/20/2058	\$1,320.00

Benefit Description	Benefit Amount	Expiry Date	Annual Premium
Accelerated Death Benefit Endorsement	N/A	10/20/2058	N/A
Lifetime Membership Benefit Endorsement	N/A	10/20/2058	N/A

Policy Number:	4041148901	Issue Age:	56
Effective Date:	10/20/2019	Gender:	Female
Billing Frequency:	Monthly	Modal Premium:	\$116.16

Conversion Period: To the earliest of the Initial Term Period or the Policy Anniversary after the Insured's 65th Birthday. No conversions will be allowed after Attained Age 65.

Plan of Insurance: Term Life Insurance Policy to Age 95. Level Premium Term Life Insurance through the Level Premium Period, thereafter Annual Renewable Term Life Insurance to the Policy Anniversary after the Insured's 95th birthday.

NOTE: DO NOT CONSIDER ANY VERBAL REPRESENTATION MADE BY THE AGENT UNLESS IT IS DISCLOSED IN WRITING IN A FORM SIGNED BY THE AGENT, AND THE AGENT LEAVES THE WRITTEN DISCLOSURE WITH YOU.

For further information, contact your agent, or write to the Company at the mailing address listed on the top of this page.

Schedule of Policy Premiums and Additional Benefits Provided by Rider

Policy Year	Base Annual Premium	Maximum Annual Premium	Term Life Insurance to Age 95 Benefit Amount
1	\$1,320.00	\$1,320.00	\$500,000.00
2	\$1,320.00	\$1,320.00	\$500,000.00
3	\$1,320.00	\$1,320.00	\$500,000.00
4	\$1,320.00	\$1,320.00	\$500,000.00
5	\$1,320.00	\$1,320.00	\$500,000.00
6	\$1,320.00	\$1,320.00	\$500,000.00
7	\$1,320.00	\$1,320.00	\$500,000.00
8	\$1,320.00	\$1,320.00	\$500,000.00
9	\$1,320.00	\$1,320.00	\$500,000.00
10	\$1,320.00	\$1,320.00	\$500,000.00
11	\$1,320.00	\$1,320.00	\$500,000.00
12	\$1,320.00	\$1,320.00	\$500,000.00
13	\$1,320.00	\$1,320.00	\$500,000.00
14	\$1,320.00	\$1,320.00	\$500,000.00
15	\$1,320.00	\$1,320.00	\$500,000.00
16	\$1,320.00	\$1,320.00	\$500,000.00
17	\$1,320.00	\$1,320.00	\$500,000.00
18	\$1,320.00	\$1,320.00	\$500,000.00
19	\$1,320.00	\$1,320.00	\$500,000.00
20	\$1,320.00	\$1,320.00	\$500,000.00
25	\$14,370.00	\$14,370.00	\$500,000.00
30	\$145,730.00	\$145,730.00	\$500,000.00
35	\$241,350.00	\$241,350.00	\$500,000.00
Age			
60	\$1320.00	\$1,320.00	\$500,000.00
62	\$1320.00	\$1,320.00	\$500,000.00
65	\$1320.00	\$1,320.00	\$500,000.00

LIFE INSURANCE COST INDICES PER \$1,000 OF DEATH BENEFIT

	<u>5 YEAR</u>	<u>10 YEAR</u>	<u>20 YEAR</u>
Net Payment Index	2.64	2.64	2.64

Indices are based on the payment of the annual premiums during the stated period.

An explanation of the intended use of these indices is provided in the Life Insurance Buyer's Guide. Indices are useful only for the comparison of the relative costs of two or more similar policies.

